COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
ADVANCE HEALTH CARE DIRECTIVE
ACKNOWLEDGEMENT FORM

Part One: For Program / Clinic Staff

Background

In accordance with California Probate Code 4600 et seq. and Federal requirements under Title 42, clients 18 years of age and older shall receive information about Advance Health Care Directives and be informed of their right to make decisions about their medical treatment.

Instructions for Completing MH Form 635

Step One: At the client's first face-to-face contact or clinic visit, please provide the client/significant other/guardian with a copy of Advance Health Care Directive Fact Sheet.

Step Two: Please complete this form and provide the client/significant other/guardian with a copy.

Ask the client and complete the following questions:

	Yes	No
1. Do you have an Advance Health Care Directive?	☐	☐
2. Did you receive the Advance Health Care Directive Fact Sheet from your mental health provider?	☐	☐

If "No" please explain: _____

(If the client/significant other/guardian would like to execute an Advance Health Care Directive, please refer them to the resources identified on the Fact Sheet. If a client/significant other/guardian already has an Advance Health Care Directive, insert a copy into the client's DMH chart behind Section 2 (Consents and Notices).

Part Two: For Client/Significant other/Guardian

	Yes	No
I have been given a copy of the Advance Health Care Directive Fact Sheet and the Acknowledgement Form.	☐	☐

If "No" please explain: _____

_____ _____

Signature of client/significant other/guardian Date

_____ _____

Signature and Name (Printed) of Program/Clinic Staff Date

* File the original of this document in Section 2 of the chart (Consents and Notices)

Name: _____ MIS#: _____

Agency: _____ Prov#: _____

Los Angeles County - Department of Mental Health